

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90226 006 ****61.25

DOCUMENT # N04613

1. Entity Name
TEMPLE SHIR SHALOM OF GAINESVILLE, INC.



Principal Place of Business
TEMPLE SHIR SHALOM
3855 NW 8 AVE
GAINESVILLE, FL 32605 US

Mailing Address
TEMPLE SHIR SHALOM
3855 NW 8 AVE
GAINESVILLE, FL 32605 US

50016571



04212006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2483223

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALZMAN, ANTHONY J.
500 E. UNIVERSITY AVE., SUITE A
GAINESVILLE, FL 32602-9759

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P
NAME BILSKY, STUART ☐ Delete
STREET ADDRESS 1114 SW 143RD ST
CITY-ST-ZIP NEWBERRY, FL 326693105

TITLE V
NAME JACOBSON, BARRY ☐ Delete
STREET ADDRESS 2436 NW 37TH TERRACE
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE T
NAME RECKSEIT, DAVID ☐ Delete
STREET ADDRESS 7804 SW 47TH COURT
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE V
NAME SNYDER, JAN ☐ Delete
STREET ADDRESS 7711 SW 103RD AVE
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/06 352-317-3417
Date Daytime Phone #